



# CITY OF MARLBOROUGH

## BOARD OF HEALTH

140 Main Street, Lower Level  
Marlborough, Massachusetts 01752  
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James Griffin, Chairman  
John Curran, MD, Vice Chairman  
Robin Williams, Member  
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## 2016 FOOD ESTABLISHMENT RENEWAL APPLICATION

Establishment Name \_\_\_\_\_

Business Address Street \_\_\_\_\_

### BUSINESS ADDRESS

Business Owner's Name \_\_\_\_\_

Mailing Address (Street/Unit Number) \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Business Phone Number \_\_\_\_\_

Business Email \_\_\_\_\_

### BUSINESS OWNER HOME ADDRESS (PRIMARY ADDRESS)

Name \_\_\_\_\_

Street Address / Unit Number \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile number \_\_\_\_\_

Email \_\_\_\_\_

## MANAGERS HOME ADDRESS (PRIMARY ADDRESS)

Name \_\_\_\_\_

Street Address / Unit Number \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile number \_\_\_\_\_

Email \_\_\_\_\_

## EMERGENCY CONTACT

Name \_\_\_\_\_

Street Address / Unit Number \_\_\_\_\_

City/Town \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Mobile number \_\_\_\_\_

## ESTABLISHMENT INFORMATION

Type of Establishment (Click or check all that apply)

\_\_\_\_\_ Bakery

\_\_\_\_\_ Caterer

\_\_\_\_\_ Farmers Market

\_\_\_\_\_ Food Service

\_\_\_\_\_ Frozen Dessert Manufacturer

\_\_\_\_\_ Mobile Truck (Include copy of  
Hawkers & Peddler License and the name and  
address of your commissary)

\_\_\_\_\_ Residential Kitchen for retail Sale

\_\_\_\_\_ Retail Food Establishment

\_\_\_\_\_ Retail Food Event

\_\_\_\_\_ Wholesale Food Provider

\_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_ Non-profit (Church, charity)

\_\_\_\_\_ Applying for a Tobacco Permit



I have received a copy of the City's **tobacco regulation** (available BOH web page). I have read the regulation and will instruct any and all employees responsible for tobacco product sales regarding federal, state and local laws regarding the sale of tobacco and this regulation.

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Type of Food Permit**

\_\_\_\_\_ Annual

\_\_\_\_\_ Seasonal Temporary Dates: From \_\_\_\_\_ To \_\_\_\_\_

\_\_\_\_\_ Temporary Event Event Name \_\_\_\_\_

Event Date(s) From \_\_\_\_\_ To \_\_\_\_\_

Products vending: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF YOU HAVE A RETAIL ESTABLISHMENT:**

Retail Square Footage \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

**IF YOU HAVE A FOOD SERVICE ESTABLISHMENT:**

Number of seats (Inside) \_\_\_\_\_ Number of seats (outside) \_\_\_\_\_

If seating is over 25 seats, do you have a person trained in Anti-Choking Procedures?

Yes \_\_\_\_\_ No \_\_\_\_\_

If outdoor seating, do you have Wait Staff for outside dining?

Yes \_\_\_\_\_ No \_\_\_\_\_

**IF APPLICABLE:**

Sewage  
Disposal \_\_\_\_\_

Contracted Grease Haulers Name \_\_\_\_\_

**IF YOU HAVE A MOBILE FOOD TRUCK (INCLUDING ICE CREAM TRUCKS):**

Driver's name \_\_\_\_\_

Vehicle License Plate \_\_\_\_\_

## FOOD OPERATIONS

Definitions:

**PHF:** Potentially Hazardous Food

**Non-PHF:** Non Potentially Hazardous Food (No time/temperature controls needed)

**RTE:** Ready To Eat foods (Ex: Sandwiches, salads, muffins which need no further processing)

### Check all food operations your establishment handles:

- \_\_\_\_\_ Customer Self Service
- \_\_\_\_\_ Customer Self Service of Non-PHF and Non-Perishable Foods Only
- \_\_\_\_\_ Hot PHF Cooked and Cooked or Hot Held for More than a Single Meal Service
- \_\_\_\_\_ Ice Manufactured and Packaged for Retail Sale
- \_\_\_\_\_ Juice Manufactured and Packaged for Retail Sale
- \_\_\_\_\_ Offers Raw or Under cooked Food of Animal Origin
- \_\_\_\_\_ Offers RTE PHF in Bulk Quantities
- \_\_\_\_\_ PHF Cooked To Order
- \_\_\_\_\_ PHF and RTE Foods Prepared for Highly Susceptible Population Facility
- \_\_\_\_\_ Preparation of Non-PHFs
- \_\_\_\_\_ Preparation of PHFs for Hot and Cold Holding for Single Meal Service
- \_\_\_\_\_ Reheating of Commercially Processed Foods for Service within 4 Hours
- \_\_\_\_\_ Retail Sale of Salvage, Out-of Date, Reconditioned Food
- \_\_\_\_\_ Sale of Commercially Pre-packaged PHFs
- \_\_\_\_\_ Sale of Commercially Pre-packaged Non-PHFs
- \_\_\_\_\_ Sale of Raw Animal Foods Intended to be prepared by Consumer
- \_\_\_\_\_ Use of Process Requiring a Variance and/or HACCP Plan
- \_\_\_\_\_ Vacuum Packaging/Cook Chill
- \_\_\_\_\_ Other (SPECIFY:) \_\_\_\_\_

## DOCUMENTATION

### SERVSAFE OR OTHER FOOD SAFETY MANAGEMENT CERTIFICATION

(Send in copy of certificate with application)

Certified Employee's Name \_\_\_\_\_

Certification Provider \_\_\_\_\_

Expiration Date \_\_\_\_\_

**CHOKESAVER CERTIFICATION**

**(Send in copy of certificate with application)**

Certified Employee's Name \_\_\_\_\_

Certification Provider \_\_\_\_\_

Expiration Date \_\_\_\_\_

**ALLERGY AWARENESS CERTIFICATION**

**(Send in copy of certificate with application)**

Certified Employee's Name \_\_\_\_\_

Certification Provider \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_